पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater



Policy Number: 251100502310000313	व्यवसाय स्त्रोत / Business Source: 251100				
	विक्रय चैनल विवरण/				
	Sales Channel Details				
जारीकर्ता कार्यालय/Issuing Office	कोड/ Code: 251100				
कार्यालय कोड/ Office Code: 251100	नाम/Name: Mumbai Division XI				
कार्यालय पता/ Office Address: MUMBAI	Contact Number: 0				
DIVISION XI IInd Floor, National Insurance	सह दलाल कोड / Co Broker Code:				
Building,,14, Jamshedji Tata Road,,Churchgate - 400020.					
State Code: 27 , Maharashtra					
GSTIN : 27AAACN9967E1Z3	कस्टमर केयर टॉल फ्री नंबर/Customer				
Contact Number: 22 22036054	Care Toll Free Number:				
Mobile Number: 0	1800 345 0330				
	ईमेल/				
	email:customer.support@nic.co.in				

ग्राहक का नाम /Customer Name: FEDERAL BANK -RETIREES	ग्राहक आईडी /Customer ID: 9701927003	पैन /PAN: AABCT0020H		
पता/ Address: PB NO.103, FEDERAL TOWERS, HEAD OFFICE,	फोन /Phone:			
ALUVA., City: ALUVA, District: ERNAKULAM, State: KERALA, PIN: 683101. Cell: 9895113134	ई-मेल /E-Mail:			

प्रीमयिम/ Premium	₹ 6,24,68,080.00	कवर नोट संख्या और तथि 7 Cover Note Number and Date	लागू नहीं/NA		
CGST	CGST ₹ 0.00				
SGST/UTGST	₹ 0.00		8800231118383146 Dt. 18/11/2023		
IGST	₹ 1,12,44,254.00	प्रस्ताव संख्या और तथि। Proposal			
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	Number and Date			
नर्प्राप्ति योग्य स्टाम्प ड्यूटी Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तथि/िReceipt Number and Date	251100812310002633 Dt. 31/10/2023		
कुल /Total Amount	₹ 7,37,12,334.00	पछिली पॉलिसी संख्या और समाप्ती तथि7ि Previous Policy Number and Expiry Date	251100502010000357 and Dt.31/10/2021 251100502110000232 and Dt.31/10/2022 251100502210000220 and Dt.31/10/2023		

LocationAddress:

1) KERALA,, Aluva, Ernakulam, Kerala, 683101.

Number of families:2933 Number of Lives covered: 5415

SL. No	Coverage	Sum Insured					
	Standard Cover	Combo Base Without Domiciliary	` 58,66,00,000.00				
1	अधिकि/Excess:						
	Additional Information: NA						

TPA Details: HEALTH INSURANCE TPA OF INDIA LTD - MUMBAI, 5th Floor, Sterling Cinema Building, 65, Murzban Street, Fort, Mumbai Toll Free No 18001803600,18001023600 - 400001 Email: customerservice@hitpa.co.in.

Clauses As per Annexure I

टप्पिणयां/ Remarks: Combo Base Without Domiciliary Policy

पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater



Policy Number: 251100502310000313 व्यवसाय स्त्रोत / Business Source: 251100 विकरय चैनल विवरण/ Sales Channel Details कोड/ Code: 251100 जारीकर्ता कार्यालय/Issuing Office नाम/Name: Mumbai Division XI कार्यालय कोड/ Office Code: 251100 Contact Number: 0 कार्यालय पता/ Office Address: MUMBAI DIVISION XI IInd Floor, National Insurance सह दलाल कोड / Co Broker Code: Building,,14, Jamshedji Tata Road, Churchgate - 400020. State Code: 27, Maharashtra कसटमर केयर टॉल फरी नंबर/Customer **GSTIN**: 27AAACN9967E1Z3 Contact Number: 22 22036054 **Care Toll Free Number:** Mobile Number: 0 1800 345 0330 ईमेल/ email:customer.support@nic.co.in

1. Family Definition: Retired/Resigned Employee + Spouse only or Widow/Widower

2. Sum Insured for Group Health Insurance on Family Floater basis: 2 lakhs

3. Data: As per annexure attached.

4. Claims will be processed as per policy terms, conditions and cappings.

5. Room Rent: -

Normal Room: Rs.5000 per day ICU : Rs.7500 per day

6. No expenses related to domiciliary treatment shall be covered.

7. No expenses related to maternity are payable.

8. No corporate buffer is available.

9. For critical illness, hospitalization medical expenses alone are payable. No lump sum fixed benefit is payable.

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवित अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट https://nationalinsurance.nic.co.in पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्त जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृति के मामले में, यह दस्तावेज स्वतः प्राथमिकता निर्स्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 18/November/2023. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website https://nationalinsurance.nic.co.in shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

कृते नेशनल इन्श्योरेन्स कंपनी

स्टांप इ्यू**ल**िमिटिड/ Stamp Duty: (₹ 1.00)

स्टांप इय्**ले**मिटिड/ For and on behalf of National Insurance Stamp Company Limited

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

इंश्योरेन्सइंडयालमिटिंड

TAX INVOICE

Invoice Serial No: 30154H3CE0000313 Invoice Date: 18/11/2023

Details of Supplier:

National Insurance Company Limited.,

MUMBAI DIVISION XI IInd Floor, National Insurance Building,,14, Jamshedji Tata Road,,Churchgate - 400020

27, Maharashtra State: GSTIN No: 27AAACN9967E1Z3

Details Of Receiver: FEDERAL BANK -RETIREES Address: PB NO.103, FEDERAL TOWERS, HEAD OFFICE, ALUVA.

City: ALUVA, District: ERNAKULAM, State: KERALA, PIN: 683101.

Place Of Supply State: Kerala State Code: 32

GSTIN No: 32AABCT0020H1Z5

सैक कोड/ SAC Code	सेवा का वविरण/ Descripti on of Service	कुल/Total(₹)	छूट/ Discou nt	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/I GST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशा∕ि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशा∕ि Amount(₹)	राशा⁄िAmount(₹)
997139	Other non- life insurance services (excluding reinsuranc e services)	6,24,68,0 80	0%	6,24,68,080	0%	0	0%	0	18%	1,12,44, 254	0
TOTAL		6,24,68,0 80		6,24,68,080		0		0		1,12,44, 254	0

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) :

₹ 7,37,12,334

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees Seven Crore Thirty Seven Lakh Twelve Thousand Three Hundred Thirty Four

रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कृते नेशनल इनुश्योरेन्स कंपनी लमिटिड/ For and on behalf of National Insurance Company Limited

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

